(Page 1 of 21)

Client's Name:

Client Record No.

The Outcome and Assessment Information Set (OASIS) is the intellectual property of The Center for Health Services Research. Copyright ©2002 Used with Permission. Symbol Key: I = SOC/ROC **⇔**=Follow-up **⇒**=Transfer =Discharge A. DEMOGRAPHIC/GENERAL INFORMATION - Update Patient Tracking Sheet as Needed 🗓 🗗 🖈 🛍 (M0090) Date Assessment Completed: 🗓 🗗 🗗 🛍 (M0080) Discipline of Person Completing Assessment: m m d d y y y y □ 3 - SLP/ST □ 1 - RN □ 2-PT □ 4 - TO 3 🗓 🗗 🗗 🗗 (M0100) This Assessment is Currently Being Completed for the Following Reason: Start/Resumption of Care Follow-Up Transfer to an Inpatient Facility □ 1 - ☐ Start of care—further visits 4 - Recertification (follow-6 - 🗗 Transferred to an inpatient facility—patient not planned [Go to #4, discharged from agency [Go to M0830] up) reassessment Economic/Financial] [Go to #5, M0175] 7 - Transferred to an inpatient facility—patient 3 - TResumption of care (after 5 - COther follow-up discharged from agency [Go to M0830] inpatient stay) [Go to #4, [Go to #5, M0175] Discharge from Agency — Not to an Inpatient Facility Economic/Financial] 8 - (a) Death at home [Go to M0906] 9 - Discharge from agency [Go to #8, M0200] (M0190) Inpatient Diagnoses and ICD-9-CM code Economic/Financial Problems or Needs (describe): categories (three digits required; five digits optional) for only those conditions treated during an inpatient facility stay within the last 14 days (no surgical or V-codes): **Inpatient Facility Diagnosis** ICD-9-CM (M0175) From which of the following Inpatient Facilities (M0200) Medical or Treatment Regimen Change Within was the patient discharged during the past 14 days? (Mark all Past 14 Days: Has this patient experienced a change in medical that apply.) or treatment regimen (e.g., medication, treatment, or service change due to new or additional diagnosis, etc.) within the last 14 1 - Hospital days? 2 - Rehabilitation facility П 3 - Skilled nursing facility 0 - No [If No at [] SOC/ROC, go to #10, [] M0220.] 4 - Other nursing home [If No at A Discharge, go to Section B - #2.] 5 - Other (specify) 1 - Yes П □ NA - Patient was not discharged from an inpatient facility [If NA at SOC/ROC, go to #8, M0200] At T Follow-up, go to Section B, (M0230/M0240). (M0210) List the patient's Medical Diagnoses and ICD-9-CM code categories (three digits required; five digits optional) for (M0180) Inpatient Discharge Date (most recent): those conditions requiring changed medical or treatment regimen (no surgical or V-codes): m m d d v v v v Changed Medical Regimen Diagnosis ICD-9-CM ☐ UK - Unknown b. C. At ISOC/ROC, go to #10 (I M0220).

At Discharge, go to #11 (M0220).

Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the inpatient stay or change in medical or treatment regimen. (Mark all that apply.) 1 - Urinary incontinence		(Page 2 of 21)			Client Reco	ord No.				
Change or inpatient Stay Within Past 14 Days: If this patient experienced a chan repetined an inpatent facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed price to the inpatient stay or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed price to the change in medical or treatment regimen. (Mark all that apply.) 1 - Unarry incontinence 2 - Indivelling/suprapubic catheter 3 - Intractable pain 4 - Impaired decision-making 4 - Impaired decision-making 4 - Impaired decision-making 4 - Impaired decision-making 5 - Distuptive or socially inappropriate behavior 5 - Memory loss to the extent that supervision required 7 - None of the above 8 - On the patient is receiving the patient is receiving the patient is receiving the making the following severity index: List each medical diagnosis or problem for which the patient is receiving home care at ICD-9-CM code category (three digits required; five digits optional - no surgical or V-codes) and rate them using the following severity index. (Choose on value that represents the most sever rating appropriate for each diagnosis.) ICD-9-CM sequencing requirements must be followed multiple coding is used for any diagnoses. 1 - Asymptoms controlled with current theraphy 2 - Symptoms controlled with current theraphy 3 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring 3 - Symptoms controlled with difficulty, affecting daily functioning; patient in readment and dose monitoring 2 - 3 - 3 - 4 - 4 - 3 - 3 - 4 - 3 - 3 - 4 - 3 - 3	Symbol Key: ☐=SOC/ROC ☐=Follow-up									
B. CURRENT ILLNESS 1.	Change or Inpatient Stay Within Past 14 Days: If this patient experienced an inpatient facility discharge or change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the inpatient stay or change in medical or treatment regimen. (Mark all that apply.) 1 - Urinary incontinence 2 - Indwelling/suprapubic catheter 3 - Intractable pain 4 - Impaired decision-making 5 - Disruptive or socially inappropriate behavior 6 - Memory loss to the extent that supervision required 7 - None of the above NA - No inpatient facility discharge and no change in medical or treatment regimen in past 14 days UK - Unknown			11. (M0220) Conditions Prior to Medical or Treatment Regimen Change Within Past 14 Days: If this patient experienced a change in medical or treatment regimen within the past 14 days, indicate any conditions which existed prior to the change in medical or treatment regimen. (Mark all that apply.) 1 - Urinary incontinence 2 - Indwelling/suprapubic catheter 3 - Intractable pain 4 - Impaired decision-making 5 - Disruptive or socially inappropriate behavior 6 - Memory loss to the extent that supervision required 7 - None of the above At Discharge, go to Section B, #2, (Patient/Family						
1. ① C) (M0230/M0240) Diagnoses and Severity Index: List each medical diagnosis or problem for which the patient is receiving home care an ICD-9-CM code category (three digits required; five digits optional - no surgical or V-codes) and rate them using the following sevently index: (Choose one value that represents the most severe rating appropriate for each diagnosis.) ICD-9-CM sequencing requirements must be follows multiple coding is used for any diagnoses. 0 - Asymptomatic, no treatment needed at this time 1 - Symptoms well controlled with current therapy 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring 3 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring 4 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring 4 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring 4 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring 4 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring 4 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring 4 - Symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring 5 - Severity Rating 6 - Severity Rating 6 - Severity Rating 7 - Do D D D D D D D D D D D D D D D D D	B.			•						
CD-9-CM Severity Rating CD-9-CM CD-9-C		1. (M0230/M0240) Diagnoses and Severity Index: List each medical diagnosis or problem for which the patient is receiving home care and ICD-9-CM code category (three digits required; five digits optional - no surgical or V-codes) and rate them using the following severity index. (Choose one value that represents the most severe rating appropriate for each diagnosis.) ICD-9-CM sequencing requirements must be followed multiple coding is used for any diagnoses. 0 - Asymptomatic, no treatment needed at this time 1 - Symptoms well controlled with current therapy 2 - Symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring					severity index.			
a		• • • • • • • • • • • • • • • • • • • •					_			
CD-9-CM Severity Rating		(M0230) Primary Diagnosis		-						
b		a	()	□ 0	□ 1	□ 2	□ 3	□ 4	
c		(M0240) Other Diagnoses	ICD-9-CM	<u>l</u>		Severity	/ Rating			
d		b	()	□ 0	□1	□ 2	□ 3	□ 4	
e		-			□ 0	□ 1	□ 2	□ 3	□ 4	
f		d								
2.										
Patient: Family: At DFollow-up and Discharge, go to Section D (M0250). C. SIGNIFICANT PAST HEALTH HISTORY: D. Di Di (M0250) THERAPIES the patient receives at home: (Mark all that apply.) 1 - Intravenous or infusion therapy (excludes TPN) 2 - Parenteral nutrition (TPN or lipids) 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) 4 - None of the above		f	(·_)	□ 0	□1	□ 2	□ 3	□ 4	
Patient: Family: At DFollow-up and Discharge, go to Section D (M0250). C. SIGNIFICANT PAST HEALTH HISTORY: D. Di Di (M0250) THERAPIES the patient receives at home: (Mark all that apply.) 1 - Intravenous or infusion therapy (excludes TPN) 2 - Parenteral nutrition (TPN or lipids) 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) 4 - None of the above	2.	☐ ☐ ← Patient/Family Knowledge and Copir	ng Level Regarding	Present	Illness:					
Family: At OFollow-up and Discharge, go to Section D (M0250). C. SIGNIFICANT PAST HEALTH HISTORY: D. O (M0250) THERAPIES the patient receives at home: (Mark all that apply.) 1 - Intravenous or infusion therapy (excludes TPN) 2 - Parenteral nutrition (TPN or lipids) 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) 4 - None of the above		_ '								
At OFollow-up and Obscharge, go to Section D (M0250). C. SIGNIFICANT PAST HEALTH HISTORY: D. (M0250) THERAPIES the patient receives at home: (Mark all that apply.) 1 - Intravenous or infusion therapy (excludes TPN) 2 - Parenteral nutrition (TPN or lipids) 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) 4 - None of the above		Family:								
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D. (Mo250) THERAPIES the patient receives at home: (Mark all that apply.) 1 - Intravenous or infusion therapy (excludes TPN) 2 - Parenteral nutrition (TPN or lipids) 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) 4 - None of the above	_		· · · · · · · · · · · · · · · · · · ·							
 □ 1 - Intravenous or infusion therapy (excludes TPN) □ 2 - Parenteral nutrition (TPN or lipids) □ 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) □ 4 - None of the above 	G.	C. 直 SIGNIFICANT PAST HEALTH HISTORY:								
 □ 1 - Intravenous or infusion therapy (excludes TPN) □ 2 - Parenteral nutrition (TPN or lipids) □ 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) □ 4 - None of the above 	D.	The contraction of the patient records the pat	eives at home: (Mark	all that	apply.)					
At the llow-up, go to Section H. #3 (Update).		 1 - Intravenous or infusion therapy (excludes TPN) 2 - Parenteral nutrition (TPN or lipids) 3 - Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal) 								
At Discharge, go to Section E, #3 (M0280).										

Client's Name:

UNIVERSAL ASSESSMENT FORM

	UNIVERSAL ASSESSMENT FORM (Page 3 of 21)	Client's Name: Client Record No.					
Sy	mbol Key: ᠋=SOC/ROC ⇔=Transfe	r @ =Discharge					
Ε.	PROGNOSIS						
1.	 ☐ (M0260) Overall Prognosis: BEST description of patient's overall prognosis for recovery from this episode of illness. □ 0 - Poor: little or no recovery is expected and/or further decline is imminent □ 1 - Good/Fair: partial to full recovery is expected □ UK - Unknown 	 3.					
2.	 ☐ (M0270) Rehabilitative Prognosis: BEST description of patient's prognosis for functional status. □ 0 - Guarded: minimal improvement in functional status is expected; decline is possible □ 1 - Good: marked improvement in functional status is expected □ UK - Unknown 						
F.	T ALLERGIES: (Environmental, drugs, food, etc.)						
G.	I IMMUNIZATION/SCREENING TESTS						
1.	Immunizations:	Pneumonia Yes No Date Other: Date					
2.	Screening: Cholesterol level Yes No Date Mammogram Yes No Date	Colon cancer screen Yes No Date Prostate cancer screen Yes No Date					
3.	Self-Exam Frequency: Breast self-exam frequency	Testicular self-exam frequency					
Н.	HIGH RISK FACTORS						
1.	☐ (M0290) HIGH RISK FACTORS characterizing this patient: (Mark all that apply.) ☐ 1 - Heavy smoking ☐ 2 - Obesity ☐ 3 - Alcohol dependency ☐ 4 - Drug dependency ☐ 5 - None of the above ☐ UK - Unknown Go to Section J.	2. (M0290) HIGH RISK FACTORS characterizing this patient: (Mark all that apply.) 1 - Heavy smoking 2 - Obesity 3 - Alcohol dependency 4 - Drug dependency 5 - None of the above Go to Section J.					
3.	Update information on risk factors:	denonderey Other					
At 1	No changes Smoking Alcohol dependency Drug dependency Other At 🗘 Follow-up, go to Section M, page 5.						
J.	LIVING ARRANGEMENTS						
1.	 I (M0300) Current Residence: □ 1 - Patient's owned or rented residence (house, apartment, or mobile home owned or rented by patient/couple/significant other) □ 2 - Family member's residence □ 3 - Boarding home or rented room □ 4 - Board and care or assisted living facility □ 5 - Other (specify) 	2. (M0340) Patient Lives With: (Mark all that apply.) 1 - Lives alone 2 - With spouse or significant other 3 - With other family member 4 - With a friend 5 - With paid help (other than home care agency staff) 6 - With other than above					

Client's Name: UNIVERSAL ASSESSMENT FORM (Page 4 of 21) Client Record No. Symbol Key: I=SOC/ROC **⇔**=Follow-up - Transfer **€**=Discharge COMMENTS: At At Discharge, skip this item. Physical Environment (Check to indicate presence of problem or check, "No problems identified." 1 - No problems identified 2 - High crime area 3 - Electrical hazards П 4 - Structural hazards 5 - Stairs 6 - Water supply problems 7 - Sewage disposal problems П At 🗓 SOC/ROC, go to Section K. 8 - Insect/rodent problems 9 - Food storage or preparation problems At 🕰 Discharge, to Section L. 10 - Telephone access problem □ 11 - Other SUPPORTIVE ASSISTANCE at I SOC/ROC SUPPORTIVE ASSISTANCE at Discharge (M0350) Assisting Person(s) Other than Home Care Agency Names of Persons/Organizations Providing Assistance: 1. 1. Staff: (Mark all that apply.) 1 - Relatives, friends, or neighbors living outside the home 2 - Person residing in the home (EXCLUDING paid help) (M0350) Assisting Person(s) Other than Home Care Agency 3 - Paid help П Staff: (Mark all that apply.) 4 - None of the above [If None of the above, go to #5] 1 - Relatives, friends, or neighbors living outside the home □ 2 - Person residing in the home (EXCLUDING paid help) (M0360) Primary Caregiver taking lead responsibility for ☐ 3 - Paid help providing or managing the patient's care, providing the most frequent ☐ 4 - None of the above [If None of the above, go to #6] assistance, etc. (other than home care agency staff): ☐ UK - Unknown [If Unknown, go to #6] 0 - No one person [If No one person, go to #5] П (M0360) Primary Caregiver taking lead responsibility for 1 - Spouse or significant other 2 - Daughter or son П providing or managing the patient's care, providing the most frequent assistance, etc. (other than home care agency staff): Other family member 0 - No one person [If No one person, go to #6] Friend or neighbor or community or church member П 5 - Paid help 1 - Spouse or significant other 2 - Daughter or son П (M0370) How Often does the patient receive assistance from the П 3 - Other family member primary caregiver? 4 - Friend or neighbor or community or church member 1 - Several times during day and night П ☐ 5 - Paid help 2 - Several times during day ☐ UK - Unknown [If Unknown, go to #6] 3 - Once daily (M0370) How Often does the patient receive assistance from the Three or more times per week 5 - One to two times per week primary caregiver? 6 - Less often than weekly 1 - Several times during day and night 2 - Several times during day 3 - Once daily (M0380) Type of Primary Caregiver Assistance: П 4 - Three or more times per week (Mark all that apply.) 5 - One to two times per week 1 - ADL assistance (e.g., bathing, dressing, toileting, ☐ 6 - Less often than weekly ☐ UK - Unknown bowel/bladder, eating/feeding) П IADL assistance (e.g., meds, meals, housekeeping, laundry, telephone, shopping, finances) (M0380) Type of Primary Caregiver Assistance: 3 - Environmental support (housing, home maintenance) (Mark all that apply.) 4 - Psychosocial support (socialization, companionship, 1 - ADL assistance (e.g., bathing, dressing, toileting, recreation) bowel/bladder, eating/feeding) Advocates or facilitates patient's participation in appropriate П 2 - IADL assistance (e.g., meds, meals, housekeeping, medical care laundry, telephone, shopping, finances) П Financial agent, power of attorney, or conservator of 3 - Environmental support (housing, home maintenance) finance 4 - Psychosocial support (socialization, companionship, Health care agent, conservator of person, or medical power recreation) of attorney Advocates or facilitates patient's participation in appropriate medical care 5. Comments regarding assistance available to patient: 6 - Financial agent, power of attorney, or conservator of

At At Discharge, go to Section N.

finance

☐ UK - Unknown

of attorney

7 - Health care agent, conservator of person, or medical power

Comments regarding assistance available to patient:

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Client's Name:

Client Record No.

Syr	nbol Key: ᠋=SOC/ROC ⇔=Follow-up				
М.	☐ LIVING ARRANGEMENTS AND SUPPORT				
	Note any changes in patient's environment, living situation, or supportive assistance:				
No changes					
	Changes present; describe:				
N.	REVIEW OF SYSTEMS/PHYSICAL ASSESSMENT				
	(Mark S for subjective, O for objectively assessed problem. If no problem present or if not assessed, mark NA.)				
1.	☐ ☐ ☐ ☐ HEAD: Dizziness Headache (describe location, duration)				
2.	Glasses Blurred/double vision Glaucoma Glaucoma				
	Cataracts PERRL Other (specify)				
	At Discharge, go to #3 (Ears).				
	 (M0390) Vision with corrective lenses if the patient usually wears them: 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint. 1 - Partially impaired: cannot see medication labels or newsprint, but <u>can</u> see obstacles in path, and the surrounding layout; can count fingers at arm's length. 2 - Severely impaired: cannot locate objects without hearing or touching them <u>or</u> patient nonresponsive. 				
3.	EARS: Hearing Aid Tinnitus Other (specify)				
	At ∯ Follow-up & ∰ Discharge, go to #4 (Oral).				
4.	Image: Time (M0400) Hearing and Ability to Understand Spoken Language in patient's own language (with hearing aids if the patient usually uses them): □ No observable impairment. Able to hear and understand complex or detailed instructions and extended or abstract conversation. □ With minimal difficulty, able to hear and understand most multi-step instructions and ordinary conversation. May need occasional repetition, extra time, or louder voice. □ 2 Has moderate difficulty hearing and understanding simple, one-step instructions and brief conversation; needs frequent prompting or assistance. □ 3 Has severe difficulty hearing and understanding simple greetings and short comments. Requires multiple repetitions, restatements, demonstrations, additional time. □ 4 Unable to hear and understand familiar words or common expressions consistently, or patient nonresponsive. I Pollow-up, go to #5 (Nose and Sinus). I (M0410) Speech and Oral (Verbal) Expression of Language (in patient's own language): □ 1 Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment. □ 1 Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance). □ 2 Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short phrases. □ 3 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or unresponsive (e.g., speech is nonsensical or unintelligibile).				
5.	Other (specify)				
6.	The NECK AND THROAT: Hoarseness Difficulty swallowing Other (specify)				
7.	T 🛱 🛍 MUSCULOSKELETAL, NEUROLOGICAL:				
	Hx arthritis Joint pain Syncope Paralysis (describe)				
	Gout Weakness Seizure Amputation (where)				
	Swollen joints Numbness Deformities Aphasia/inarticulate speech				
	Unequal grasp Temp changes Comatose Other (specify)				
	Coordination, gait, balance (describe):				
	COMMENTS: (Prostheses, appliances)				

UNIVERSAL ASSESSMENT FORM (Page 6 of 21)	Client's Name: Client Record No.
Symbol Key: I=SOC/ROC	er @ =Discharge
 a. (M0420) Frequency of Pain interfering with patient's activity or movement: 0 - Patient has no pain or pain does not interfere with activity or movement 1 - Less often than daily 2 - Daily, but not constantly 3 - All of the time 	pain that is <u>not easily relieved</u> , occurs at least daily, and affects the patient's sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity? □ 0 - No □ 1 - Yes
At 🔁 Follow-up, go to #7.c.	c. 1 C Comments on pain management:
8. <u>INTEGUMENT</u> :	
a. 🗓 🗗 🙆	
Hair changes (where) b.	Pruritus Other (specify)
Skin condition (Record type # on body area. Indicate size to righ	nt of numbered category.)
	<u>Type</u> <u>Size</u>
(3~2°)	1. Lesions
	2. Bruises
	3. Masses
	4. Scars
	5. Stasis Ulcers
	6. Pressure Ulcers
	7. Surgical Wounds
	8. Other (specify)
c. (M0440) Does this patient have a Skin Lesion or an Oper 0 - No [If No, go to Section 9 - Cardiorespiratory] 1 - Yes	n Wound? This excludes "OSTOMIES."
At ∰ Follow-up, go to M0450 (Number of Pressure Ulcers at Each	n Stage).
d. (M0445) Does this patient have a Pressure Ulcer? 0 - No [If No, go to #8.e - Stasis Ulcer] 1 - Yes	

		UNIVERSAL ASSESSMENT FORM (Page 7 of 21)	Client's Name: Client Record No.					
Symbol	Ke	y: 🗓=SOC/ROC	≩ =Discharge					
	ï	☼ (M0450) Current Number of Pressure Ulcers at Each Stage: (Circle one response for ea	ach stage	e.)			
	<u>At</u>	Follow-up, circle one response for each stage. If the patient has no	oressure ulcers at a given	stage, ci	rcle "0"	for that	stage.	
		Pressure Ulcer Stages		Nι	ımber o	of Pressi	ure Ulce	ers
	a)	Stage 1: Nonblanchable erythema of intact skin; the heralding of skin upigmented skin, warmth, edema, hardness, or discolored skin may be i		0	1	2	3	4 or more
	b)	Stage 2: Partial thickness skin loss involving epidermis and/or dermis. and presents clinically as an abrasion, blister, or shallow crater.	The ulcer is superficial	0	1	2	3	4 or more
	c) Stage 3: Full-thickness skin loss involving damage or necrosis of subcutaneous tissue may extend down to, but not through, underlying fascia. The ulcer presents clinically a crater with or without undermining of adjacent tissue.				1	2	3	4 or more
	d)	Stage 4: Full-thickness skin loss with extensive destruction, tissue nec muscle, bone, or supporting structures (e.g., tendon, joint capsule, etc.)		0	1	2	3	4 or more
	e)	In addition to the above, is there at least one pressure ulcer that canno dressing, including casts? □ 0 - No □ 1 - Yes	t be observed due to the p	presence	of esch	nar or a i	nonrem	ovable
(M0460) Stage of Most Problematic (Observable) Pressure Ulcer: At Follow-up, skip this item if patient has NO pressure ulcers, and go to 8.e (Stasis Ulcers). 1 - Stage 1 2 - Stage 2 3 - Stage 2 3 - Stage 3 4 - Stage 4 NA - No observable pressure ulcer Describe current treatment approach(es) for pressure ulcer(s):			 	ulating al granula	ation		tic (Obs	servable
At F	ollo	Stasis Ulcers w-up, if patient HAS stasis ulcers, go to M0476 (Status). if patient has NO stasis ulcers, go to #8.f (Surgical Wounds).						
	0 -	M0468) Does this patient have a Stasis Ulcer? No [If No, go to #8.f - Surgical Wounds] Yes						
		(M0470) Current Number of Observable Stasis cer(s): 0 - Zero 1 - One 2 - Two 3 - Three 4 - Four or more	(M0476) (Observated	ole) Stasi ulating al granula	is Ulce	er:	natic	

 $\hfill\Box$ \hfill Describe current treatment approach(es) for stasis ulcer(s):

☐ 2 - Two
☐ 3 - Three
☐ 4 - Four or more

(M0474) Does this patient have at least one Stasis Ulcer that Cannot be Observed due to the

presence of a nonremovable dressing?

□ 0 - No
□ 1 - Yes

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Client's Name: Client Record No.

Syı	nbol Key:	=SOC/ROC	⇔ =Follow-up	⊅ =Transf	er 🚑=I	Discharge		
f.		Surgical Wounds ow-up, if patient HA if patient has	.S surgical wounds, go t s NO surgical wounds, g	o M0488 (Statu o to #8.g (Othe	s). r Wounds).			
		lo [If No, go to #8.	ent have a Surgical Wo g - <i>Other Wounds.</i>]	ound?				
	Surgion more of separate separ	cal Wounds: (If a value than one opening, cate wound.) 1 - Zero - One 2 - Two 3 - Three 4 - Four or more	Number of (Observable wound is partially closed consider each opening a spatient have at least of Observed due to the present the constant of the present the constant of the present the constant of the cons	l but has s a ne Surgical		(M0488) State (Observable) 1 - Fully granulatin 2 - Early/partial granulatin 3 - Not healing NA - No observable Describe curr surgical wound(s):	Surgical Wound: ng ranulation e surgical wound	
g.	Type of Wo	Other Wounds Requ	uiring Treatment					
	Status:							
	Current trea	atment Approach(es	s):					
Э.	BLOOD PF PULSE:	Apica	TORY: Temperature Lying I rate	Sitting Radial rate		Standing	Quality	
	Claud	itations dication jues easily emaker	_Dyspnea on exertion _Paroxysmal nocturnal of Orthopnea (# of pillows	· —		ems (specify))		_Murmurs _Edema _Cyanosis _Varicosities
	COMMENT	ΓS:						

Client's Name: UNIVERSAL ASSESSMENT FORM (Page 9 of 21) Client Record No. Symbol Key: I=SOC/ROC **⇔**=Follow-up - Transfer **€**=Discharge 🗓 🗗 🛍 RESPIRATORY: Other (specify) History of: Asthma Bronchitis Pneumonia Pleurisy Emphysema **Present Condition:** ___Sputum (character and amount) _____ __ Cough (describe) __ Breath sounds (describe) _____ Other (specify) (M0490) When is the patient dyspneic or noticeably (M0500) Respiratory Treatments utilized at home: Short of Breath? (Mark all that apply.) □ 0 - Never, patient is not short of breath ☐ 1 - Oxygen (intermittent or continuous) 1 - When walking more than 20 feet, climbing stairs ☐ 2 - Ventilator (continually or at night) 2 - With moderate exertion (e.g., while dressing, using □ 3 - Continuous positive airway pressure commode or bedpan, walking distances less than 20 ☐ 4 - None of the above feet) 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation 4 - At rest (during day or night) At TFollow-up, skip M0500. COMMENTS: 10. I GENITOURINARY TRACT: ___ Dysmenorrhea ____ Gravida/Para _ Frequency Nocturia Pain __ Urgency __ Lesions Date last PAP test Hematuria Prostate disorder Hx hysterectomy Contraception Vaginal discharge/bleeding _ Other (specify)_ At D Follow-up, if patient HAS urinary incontinence, go to #10.d (M0530). if patient has NO urinary incontinence, and NO urinary catheter go to Section 11 (Gastro-Intestinal Tract). if patient DOES HAVE a urinary catheter, go to #10.e (Comments). At At Discharge, go to #10.b (M0510). (M0510) Has this patient been treated for a Urinary Tract (M0510) Has this patient been treated for a Urinary Tract Infection in the past 14 days? **Infection** in the past 14 days? □ 0 - No □ 0 - No □ 1 - Yes □ 1 - Yes □ NA - Patient on prophylactic treatment □ NA - Patient on prophylactic treatment ☐ UK - Unknown Go to 10.c (M0520). (M0520) Urinary Incontinence or Urinary Catheter (M0530) When does Urinary Incontinence occur? □ 0 - Timed-voiding defers incontinence□ 1 - During the night only Presence: □ 0 - No incontinence or catheter (includes anuria or ostomy for urinary drainage) [If No, go to #10.e - Comments.] □ 2 - During the day and night 1 - Patient is incontinent ☐ 2 - Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic) [Go to 10.e - Comments.] 🗓 🗗 🙀 COMMENTS: (e.g., appliances and care, bladder programs, catheter type, frequency of irrigation and change)

	UNIVERSAL ASSESSMENT FORM		Client's Name:	
	(Page 10 of 21)		Client Record No.	
	mbol Key: ፲=SOC/ROC	•	€ =Discharge	
11.	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	_	Rectal bleeding	Jaundice
	Nausea, vomiting Hernias (where)		Hemorrhoids	Tenderness
	Ulcers Diarrhea/constipation		Gallbladder problems	Other (specify)
At f	∯ Follow-up or 🛍 Discharge, go to #11.b (∰ 🛍 M0540).			
а.		d. 1	an ostomy for bowel elimination eccessitated a change in media 0 - Patient does <u>not</u> have 1 - Patient's ostomy did treatment regimen. 2 - The ostomy <u>did</u> neoregimen.	has bowel incontinence kly veekly ekly e daily for bowel elimination (① ① M0550). d (② M0550). wel Elimination: Does this patient have on that (within the last 14 days)
	Go to #11.e (Comments).	G	So to #11.e (Comments).	
e.	T	owel pi	rogram, GI status)	
12.			nder weight Change prepared by	in appetite Diet
	At ∰ Follow-up or 🕰 Discharge, go to #14.			
13.	BREASTS: (For both male and female)			
	Lumps Tenderness Discharge	Pain	Other (specify)	
	COMMENTS:			

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Client's Name: Client Record No.

Syr	nbol Key: ဩ=SOC/ROC	nsfer (-Discharge				
•	☐ ☐ ∰ NEURO/EMOTIONAL/BEHAVIORAL STATUS:	_					
	At the Follow-up, go to #14.e (M0610). Hx of previous psych. illness	Other (specify)					
a.	 (M0560) Cognitive Functioning: (Patient's current level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.) ○ - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. □ 1 - Requires prompting (cueing, repetition, reminders) only under stressful or unfamiliar conditions. □ 2 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention), or consistently requires low stimulus environment due to distractibility. □ 3 - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. □ 4 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium. 		 (M0610) Behaviors Demonstrated at Least Once a Week (Reported or Observed): (Mark all that apply.) 1 - Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required 2 - Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions 3 - Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc. 4 - Physical aggression: aggressive or combative to self and others (e.g., hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects) 5 - Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) 6 - Delusional, hallucinatory, or paranoid behavior 7 - None of the above behaviors demonstrated 				
b.	(M0570) When Confused (Reported or Observed): 0 - Never 1 - In new or complex situations only 2 - On awakening or at night only 3 - During the day and evening, but not constantly 4 - Constantly NA - Patient nonresponsive	f.	At Follow-up, go to #14.h (Comments). (M0620) Frequency of Behavior Problems (Reported or Observed) (e.g., wandering episodes, self abuse, verbal disruption, physical aggression, etc.): 0 - Never 1 - Less than once a month				
c.	(M0580) When Anxious (Reported or Observed): 0 - None of the time 1 - Less often than daily 2 - Daily, but not constantly 3 - All of the time		□ 2 - Once a month □ 3 - Several times each month □ 4 - Several times a week □ 5 - At least daily □ (M0630) Is this patient receiving Psychiatric Nursing				
d.	□ NA - Patient nonresponsive □ (M0590) Depressive Feelings Reported or Observed in Patient: (Mark all that apply.) □ 1 - Depressed mood (e.g., feeling sad, tearful) □ 2 - Sense of failure or self reproach □ 3 - Hopelessness □ 4 - Recurrent thoughts of death □ 5 - Thoughts of suicide □ 6 - None of the above feelings observed or reported		Services at home provided by a qualified psychiatric nurse? 0 - No 1 - Yes				
h.	1. 🗓 🛱 COMMENTS: (describe other related behaviors or symptoms, e.g., weight loss, sleep disturbances, coping skills)						
	At ∰ Follow-up or 🛍 Discharge, go to #16.						
15.	i endocrine and hematopoietic:						
	Diabetes Polyuria Polydipsia	Thyroid p	roblem Excessive bleeding or bruising				
			ee to heat and cold				
		Other (sp	ecify)				
	COMMENTS:						

UNIVERSAL ASSESSMENT FORM (Page 12 of 21)	Client's Name: Client Record No.
Symbol Key: ☐=SOC/ROC ☐=Follow-up □=Transfer 16. ☐ ☐ ☐ OTHER RELATED ASSESSMENTS:	Discharge
At GFollow-up or Discharge, go to Section P, page 15. O. I LIFE SYSTEM PROFILE: For M0640-M0800, complete the "Cu" Prior" column only at start of care and at resumption of care; mark start of care date (M0030) or resumption of care date (M0032). In all of	the level that corresponds to the patient's condition 14 days prior t
1. (M0640) Grooming: Ability to tend to personal hygiene needs (i.e., we care, fingernail care). Prior Current 0 - Able to groom self unaided, with or without the use of assistive of the company of t	devices or adapted methods. complete grooming activities.
2. (M0650) Ability to Dress Upper Body (with or without dressing aids) managing zippers, buttons, and snaps: Prior Current 0 0 - Able to get clothes out of closets and drawers, put them on and out of a line of closets and drawers, put them on and out of a line of closets and drawers, put them on and out of a line of closets and drawers, put them on and out of closets and drawers.	remove them from the upper body without assistance. t or handed to the patient.
3. (M0660) Ability to Dress Lower Body (with or without dressing aids) Prior Current 0 - Able to obtain, put on, and remove clothing and shoes without as 1 - Able to dress lower body without assistance if clothing and shoes 1 - 2 - Someone must help the patient put on undergarments, slacks, some of the control of th	ssistance. as are laid out or handed to the patient. as ocks or nylons, and shoes.
4.	dependently. rson: <u>OR</u>
□ □ 3 - Participates in bathing self in shower or tub, <u>but</u> requires presend □ □ 4 - <u>Unable</u> to use the shower or tub and is bathed in <u>bed or bedside</u> □ □ 5 - Unable to effectively participate in bathing and is totally bathed but UK - Unknown 5. □ (M0680) Toileting: Ability to get to and from the toilet or bedside com	by another person.
Prior Current	device. e to get to and from the toilet. commode (with or without assistance).

Client's Name: UNIVERSAL ASSESSMENT FORM (Page 13 of 21) Client Record No. Symbol Key: I=SOC/ROC **⇔**=Follow-up - Transfer **≟**=Discharge (M0690) Transferring: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast. Prior Current 0 - Able to independently transfer. П 1 - Transfers with minimal human assistance or with use of an assistive device. 2 - <u>Unable</u> to transfer self but is able to bear weight and pivot during the transfer process. 3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 4 - Bedfast, unable to transfer but is able to turn and position self in bed. 5 - Bedfast, unable to transfer and is <u>unable</u> to turn and position self. UK - Unknown (M0700) Ambulation/Locomotion: Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces. Prior Current 0 - Able to independently walk on even and uneven surfaces and climb stairs with or without railings (i.e., needs no human assistance or assistive device). Requires use of a device (e.g., cane, walker) to walk alone or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 2 - Able to walk only with the supervision or assistance of another person at all times. 3 - Chairfast, unable to ambulate but is able to wheel self independently. 4 - Chairfast, unable to ambulate and is unable to wheel self. 5 - Bedfast, unable to ambulate or be up in a chair. UK - Unknown 1 (M0710) Feeding or Eating: Ability to feed self meals and snacks. Note: This refers only to the process of eating, chewing, and 8. swallowing, not preparing the food to be eaten. Prior Current Able to independently feed self. 0 -1 - Able to feed self independently but requires: (a) meal set-up; OR (b) intermittent assistance or supervision from another person; OR (c) a liquid, pureed or ground meat diet. 2 - Unable to feed self and must be assisted or supervised throughout the meal/snack. 3 - Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy. 4 - Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy. П 5 - Unable to take in nutrients orally or by tube feeding. UK - Unknown (M0720) Planning and Preparing Light Meals (e.g., cereal, sandwich) or reheat delivered meals: Prior Current 0 - (a) Able to independently plan and prepare all light meals for self or reheat delivered meals; OR (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past (i.e., prior to this home care admission). 1 - <u>Unable</u> to prepare light meals on a regular basis due to physical, cognitive, or mental limitations. 2 - Unable to prepare any light meals or reheat any delivered meals. П UK - Unknown 10. (M0730) Transportation: Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, subway). Prior Current 0 - Able to independently drive a regular or adapted car; OR uses a regular or handicap-accessible public bus. Able to ride in a car only when driven by another person: OR able to use a bus or handicap van only when assisted or accompanied by another person. П 2 - Unable to ride in a car, taxi, bus, or van, and requires transportation by ambulance. UK - Unknown (M0740) Laundry: Ability to do own laundry -- to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand. Prior Current 0 - (a) Able to independently take care of all laundry tasks; OR (b) Physically, cognitively, and mentally able to do laundry and access facilities, but has not routinely performed laundry tasks in the past (i.e., prior to this home care admission). 1 - Able to do only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs

<u>Unable</u> to do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.

assistance with heavy laundry such as carrying large loads of laundry.

П

UK - Unknown

Client's Name: UNIVERSAL ASSESSMENT FORM (Page 14 of 21) Client Record No. Symbol Key: I=SOC/ROC **⇔**=Follow-up - Transfer =Discharge 12. [I] (M0750) Housekeeping: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks. Prior Current 0 -(a) Able to independently perform all housekeeping tasks; OR (b) Physically, cognitively, and mentally able to perform all housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission). 1 - Able to perform only light housekeeping (e.g., dusting, wiping kitchen counters) tasks independently. 2 - Able to perform housekeeping tasks with intermittent assistance or supervision from another person. П 3 - Unable to consistently perform any housekeeping tasks unless assisted by another person throughout the process. 4 - Unable to effectively participate in any housekeeping tasks. UK - Unknown 13. [I] (M0760) Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery. Prior Current П 0 - (a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; OR (b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission). 1 - Able to go shopping, but needs some assistance: (a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; OR (b) Unable to go shopping alone, but can go with someone to assist. 2 - <u>Unable</u> to go shopping, but is able to identify items needed, place orders, and arrange home delivery. 3 - Needs someone to do all shopping and errands. П UK - Unknown (M0770) Ability to Use Telephone: Ability to answer the phone, dial numbers, and effectively use the telephone to communicate. Prior Current 0 - Able to dial numbers and answer calls appropriately and as desired. 1 - Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers. 2 - Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls. П 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation. 4 - <u>Unable</u> to answer the telephone at all but can listen if assisted with equipment. 5 - Totally unable to use the telephone. ☐ NA - Patient does not have a telephone. UK - Unknown 15. [I] (M0780) Management of Oral Medications: Patient's ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.) Prior Current - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. 1 - Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) given daily reminders; OR (c) someone develops a drug diary or chart. □ 2 - <u>Unable</u> to take medication unless administered by someone else. □ NA - No oral medications prescribed. UK - Unknown П

metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes all other forms of medication (oral tablets, injectable and IV medications). Prior Current

(M0790) Management of Inhalant/Mist Medications: Patient's ability to prepare and take all prescribed inhalant/mist medications (nebulizers,

П	П	0 -	Able to independently	take the correct medication and	d proper dosage at the correct times
_		0 -	ADIC TO ITTUCPCTICCTION	take the correct inculcation and	a proper addage at the correct times

- 1 Able to take medication at the correct times if:
 - (a) individual dosages are prepared in advance by another person, OR
 - (b) given daily reminders.
- 2 Unable to take medication unless administered by someone else. П
- □ NA No inhalant/mist medications prescribed.
- UK - Unknown

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Syn	nbol Key: 🗓=SOC/ROC	⇔ =Follow-up	₽=Transfer	€ =Discharge
17.	safely, including administratio			pare and take <u>all</u> prescribed injectable medications reliably and vals. Excludes IV medications.
	Current □ 0 - Able to independent □ 1 - Able to take injectat (a) individual syring (b) given daily remi □ 2 - Unable to take inject □ NA - No injectable medic UK - Unknown	le medication at correct ti es are prepared in advan nders. table medications unless	mes if: ce by another person, <u>C</u>	<u>DR</u>
18.	supplies): Patient's ability to of equipment or supplies usin □ 0 - Patient manages all □ 1 - If someone else set other aspects of equ □ 2 - Patient requires con	set up, monitor and chan g proper technique. (NOT tasks related to equipment up equipment (i.e., fills puipment.) siderable assistance from to monitor equipment (e.g.) dependent on someone	ge equipment reliably a FE: This refers to abili nt completely independentable oxygen tank, pro- a another person to mar ., liter flow, fluid in bag) else to manage all equi	rovides patient with prepared solutions), patient is able to manage a nage equipment, but independently completes portions of the task. and must call someone else to manage the equipment.
19.	therapy equipment or suppimedication, clean/store/dispowillingness.) 0 - Caregiver manages 1 - If someone else set 2 - Caregiver requires of task.	ies): Caregiver's ability to see of equipment or supplied all tasks related to equipment, caregiver considerable assistance from the to complete small portion tely dependent on someo	o set up, monitor and ches using proper techniquent completely indepersis able to manage all of om another person to mons of task (e.g., adminitration).	ther aspects. nanage equipment, but independently completes significant portions sister nebulizer treatment, clean/store/dispose of equipment or
_	☐ ☐ LIFE SYSTEM PRO	SELL E. For MOCAO MODO	0	iland accompatible in abla do do
	Follow-up, go to #2 (M065)		o, record what the par	dent currently is <i>able to</i> do.
1.	(M0640) Grooming: Abilicare, fingernail care). 0 - Able to groom self u 1 - Grooming utensils n 2 - Someone must assi 3 - Patient depends ent	naided, with or without the nust be placed within read st the patient to groom se	e use of assistive device th before able to comple If.	
2.	managing zippers, buttons, a	nd snaps: but of closets and drawers body without assistance i the patient put on upper	, put them on and remo f clothing is laid out or h body clothing.	
3.	□ 0 - Able to obtain, put o □ 1 - Able to dress lower □ 2 - Someone must help	n, and remove clothing ar body without assistance if	nd shoes without assista clothing and shoes are parments, slacks, socks	laid out or handed to the patient.

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Sym	ıbol Key	: I=SOC/ROC	t⊅=Follow-up	- Transfer	@ =Discharge
	(M074)	10) Laundry: Abilit	y to do own laundry to c	carry laundry to and from	washing machine, to use washer and dryer, to wash small items by
	□ 0 - □ 1 -	(b) Physically, cogn (i.e., prior to this Able to do only light assistance with hea	s home care admission). t laundry, such as minor h avy laundry such as carryir	to do laundry and acces and wash or light washen ng large loads of laundry.	s facilities, <u>but</u> has not routinely performed laundry tasks in the past loads. Due to physical, cognitive, or mental limitations, needs supervision and assistance due to cognitive or mental limitation.
	□ 0 - □ 1 -	(a) Able to indeper(b) Physically, cognin the past (i.e., Able to perform only	ndently perform all housek nitively, and mentally able prior to this home care ac y <u>light</u> housekeeping (e.g.,	keeping tasks; <u>OR</u> to perform <u>all</u> housekeep dmission). , dusting, wiping kitchen	ekeeping and heavier cleaning tasks. Ding tasks but has not routinely participated in housekeeping tasks counters) tasks independently. Dervision from another person.
			ntly perform any housekee y participate in any housel		ed by another person throughout the process.
	□ 1 - □ 2 -	 (a) Able to plan for (b) Physically, cogniadmission). Able to go shopping (a) By self is able to (b) Unable to go shopping Unable to go shopping 	shopping needs and indenitively, and mentally able g, but needs some assista o do only light shopping an hopping alone, but can go	ependently perform shopp to take care of shopping ence: and carry small packages, with someone to assist. items needed, place orde	e and to carry them home or arrange delivery. bing tasks, including carrying packages; <u>OR</u> , but has not done shopping in the past (i.e., prior to this home care but needs someone to do occasional major shopping; <u>OR</u> ers, and arrange home delivery.
	0 - 0 1 - 2 - 3 - 4 - 5 -	Able to dial number Able to use a special Able to answer the Able to answer the	is and answer calls appropally adapted telephone (i.e telephone and carry on a telephone only some of the telephone at all but can the telephone.	priately and as desired. ., large numbers on the normal conversation but the time or is able to carry	dial, teletype phone for the deaf) and call essential numbers. has difficulty with placing calls. on only a limited conversation. uipment.
	administr not comp 0 - 1 -	ation of the correct of pliance or willingned. Able to independen Able to take medica (a) individual dosas (b) given daily rem (c) someone devel	dosage at the appropriate ess.) tly take the correct oral metion(s) at the correct times ges are prepared in advantinders; OR ops a drug diary or chart. ication unless administere	edication(s) and proper of s if: nce by another person; O	d take <u>all</u> prescribed oral medications reliably and safely, including se injectable and IV medications. (NOTE: This refers to ability, osage(s) at the correct times.
	metered of forms of □ 0 - □ 1 - □ □ 2 -	dose devices) reliab medication (oral ta Able to independen Able to take medica (a) individual dosa (b) given daily rem Unable to take med	ly and safely, including ad ablets, injectable and IV tly take the correct medica tion at the correct times if ges are prepared in advan	dministration of the correct medications). ation and proper dosage f: noce by another person, O	

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Syn	nbol Key: 🗓=SOC/ROC 🕏	3=Follow-up	₽ =Transfer	&=Discharge			
17.	 (M0800) Management of Injectable Medications: Patient's ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. Excludes IV medications. 0 - Able to independently take the correct medication and proper dosage at the correct times. 1 - Able to take injectable medication at correct times if: (a) individual syringes are prepared in advance by another person, OR (b) given daily reminders. 2 - Unable to take injectable medications unless administered by someone else. NA - No injectable medications prescribed. 						
18.	(M0810) Patient Management of Equipment (includes ONLY oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies): Patient's ability to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.) 0 - Patient manages all tasks related to equipment completely independently. 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment. 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task. 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment. 4 - Patient is completely dependent on someone else to manage all equipment. NA - No equipment of this type used in care [If NA, go to Section Q].						
19.	(M0820) Caregiver Management of Equipment (includes ONLY oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies): Caregiver's ability to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. (NOTE: This refers to ability, not compliance or willingness.) 0 - Caregiver manages all tasks related to equipment completely independently. 1 - If someone else sets up equipment, caregiver is able to manage all other aspects. 2 - Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions of task. 3 - Caregiver is only able to complete small portions of task (e.g., administer nebulizer treatment, clean/store/dispose of equipment or supplies). 4 - Caregiver is completely dependent on someone else to manage all equipment. NA - No caregiver At Discharge, go to Section Q.						
20.	. 🗗 Identify and describe any changes or problems with:						
	Personal hygiene Meal preparation Medication management						
	Feeding, eating	Laundry, shopping, h	nousekeeping				
<u> </u>	1 CD ANY OTHER ASSES	SMENT NOTES:					
	Discharge, go to Section V, pag						
₹.	THERAPY NEED						
Ι.	(M0825) Therapy Need: Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group? O - No O 1 - Yes NA - Not applicable						
S. 1.	Equipment Needs: (check appropri		2. Supplies Needed a	nd Comments Regarding Equipment Needs:			
	a. Oxygen/Respiratory Equip.b. Wheelchair		Financial Problems	/Needs:			
	c. Hospital Bed						
	d. Other (specify)	<u> </u>	1				

	UNIVERSAL ASSESSMENT (Page 19 of 21)	Γ FORM	Client's Name: Client Record No.
Syı T.	mbol Key: 闰=SOC/ROC □=Follow-up 闰	₽=Transfer TO PROTECT PA	Discharge TIENT FROM INJURY:
U.	① ☆EMERGENCY PLANS:		
v .	☐ CONCLUSIONS/IMPRESSIONS AND		
	SOC/ROC and ☼ Follow-up, go to the signature as	and date lines at the	e end of the assessment.
1.	 ✓ (M0830) Emergent Care: Since the last time of care (other than home care agency services)? (Mark all that apply.) □ 0 - No emergent care services [If no emergent □ 1 - Hospital emergency room (includes 23-hour) □ 2 - Doctor's office emergency visit/house call □ 3 - Outpatient department/clinic emergency (incl □ UK - Unknown [If UK, go to Section X, #1 (M08) 	nt care, go to Section holding)	
2.	 ✓ (M0840) Emergent Care Reason: For what reason: 1 - Improper medication administration, medication 2 - Nausea, dehydration, malnutrition, constipation 3 - Injury caused by fall or accident at home 4 - Respiratory problems (e.g., shortness of breading 5 - Wound infection, deteriorating wound status, 6 - Cardiac problems (e.g., fluid overload, exace) 7 - Hypo/Hyperglycemia, diabetes out of control 8 - GI bleeding, obstruction 9 - Other than above reasons UK - Reason unknown 	tion side effects, toxic ion, impaction ath, respiratory infect , new lesion/ulcer erbation of CHF, ches	ity, anaphylaxis ion, tracheobronchial obstruction)

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Client's Name:

Client Record No.

resources (e.g., meals-

on-wheels, home health services, homemaker

assistance, assisted living, board and care)

assistance.

[Go to #5 - Most Recent Home Visit Date]

transportation

Symbol Key: 1=SOC/ROC **⇔**=Follow-up ⇒=Transfer **€**=Discharge INPATIENT FACILITY ADMISSION OR DISCHARGE FROM HOME CARE 🖈 🙀 (M0855) To which Inpatient Facility has the patient been admitted? (Choose only one answer.) □ 1 - Hospital □ 2 - Rehabilitation □ 3 - Nursing home □ NA - No inpatient facility facility admission 2. (M0890) If the patient was admitted [Go to #5 - Most 4. (M0870) Discharge 3. (M0900) For what Reason(s) [Go to #5 - Most to an acute care Hospital, for what Recent Home Visit was the patient Admitted to a Recent Home Visit Disposition: Where is the Reason was he/she admitted? Nursing Home? (Mark all patient after discharge from Date] Date] 1 - Hospitalization for emergent your agency? (Choose only that apply.) (unscheduled) care 1 - Therapy services one answer.) 2 - Hospitalization for urgent 2 - Respite care ☐ 1 - Patient remained in the (scheduled within 24 hours of 3 - Hospice care community (not in П admission) care 4 - Permanent placement hospital, nursing home, 3 - Hospitalization for elective or rehab facility) [Go to П 5 - Unsafe for care at home (scheduled more than 24 hours 6 - Other next question -☐ UK - Unknown Services or Assistance] before admission) care ☐ 2 -Patient transferred to a ☐ UK - Unknown noninstitutional hospice [Go to #5 - Most Recent [Go to #5 - Most Recent (M0895) Reason for Hospitalization: Home Visit Date] Home Visit Date (Mark all that apply.) □ 3 - Unknown because 1 - Improper medication patient moved to a administration, medication side geographic location not effects, toxicity, anaphylaxis served by this agency 2 - Injury caused by fall or [Go to #5 - Most Recent accident at home Home Visit Date 3 - Respiratory problems (SOB, ☐ UK - Other unknown [Go to infection, obstruction) #5 - Most Recent Home 4 - Wound or tube site infection, Visit Date] deteriorating wound status, new lesion/ulcer (M0880) After discharge, does 5 - Hypo/Hyperglycemia, diabetes out of control the patient receive health. 6 - GI bleeding, obstruction П personal, or support Services 7 - Exacerbation of CHF, fluid or Assistance? (Mark all overload, heart failure that apply.) 8 - Myocardial infarction, stroke 1 - No assistance or 9 - Chemotherapy services received 10 - Scheduled surgical procedure 2 -Yes, assistance or 11 - Urinary tract infection services provided by ☐ 12 - IV catheter-related infection family or friends ☐ 13 - Deep vein thrombosis, ☐ 3 - Yes, assistance or pulmonary embolus services provided by ☐ 14 - Uncontrolled pain other community

<u>m</u> m d d y y y y

☐ 15 - Psychotic episode

[Go to #5 - Most Recent

Home Visit Date]

☐ 16 - Other than above reasons

6. 🗗 🙀 (M0906) Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient.

<u>m</u> m d d y y y y

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Client's Name: Client Record No.

Symbol Key: □=SOC/ROC □=Fo	ollow-up ≉=Transfer	€ =Discharge			
Y. 🙀 SUMMARY OF CARE PROVIDE	ED DURING HOME CARE EPIS	SODE			
1. Identified Problem	Interventions	Current Status			
2. Overall Status at Discharge:					
Conv. of Summary to:	□ Referral Source	□ Attending Physician			
Copy of Summary to:	☐ Referral Source				
Date of Assessment:	Signature of Assessor:	Signature of Assessor:			